An Assessment of the Alaska Injury Surveillance and Prevention Program

EXECUTIVE SUMMARY

Assessment conducted
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by the
State and Territorial
Injury Prevention Directors Association

STIPDA
State & Territorial Injury Prevention Directors Association

BACKGROUND

Injury is the leading cause of death for persons in the age group one through 44 as well as the most common cause of hospitalizations for persons under the age of 40. The financial costs of injuries are staggering - injuries cost billions of dollars in health care and social support resources. In 1990, for example, the lifetime costs of all injuries were estimated at $215 billion annually. These estimates do not include the emotional burden resulting from the loss of a child or loved one, or the toll of severe disability on the injured person and his or her family.

Unlike some other public health prevention activities where monitoring, intervention and evaluation all occur within the health sector (e.g. immunization against childhood diseases), injury prevention may involve education, social services, law enforcement, corrections, parole, probation, emergency medical services, traffic safety, chronic disease prevention, and many other sectors in various components of its program, not to mention the important role of community-based coalitions and organizations. In the U.S., the primary health jurisdictions are the states, and local entities where such authority may be delegated by state law. Thus it is up to the states, often with guidance, technical assistance, and financial support from the federal government but even in its absence, to assure its residents a healthy and secure environment.

In the late 1980s, the then-Center for Environmental Health and Injury Control (CEHIC) at the Centers for Disease Control and Prevention (CDC) began supporting states to build their capacity for injury prevention. At its peak, about a dozen states had received this support. Some states built their programs without these grants, using funds from such sources as the Maternal and Child Health (Title V) Block Grant, the Preventive Health and Health Services Block Grant, state general or special funds, and others. In 1993, a number of states' injury prevention program directors developed the idea of forming a national organization of their peers, and the State and Territorial Injury Prevention Directors' Association (STIPDA) was formed. One of its most important products has been a document called *Safe States: Five Components of a Model State Injury Prevention Program & Three Phases of Program Development*. Soon thereafter, STIPDA entered into a Cooperative Agreement with the National Center for Injury Prevention and Control (NCIPC) at CDC. This cooperative agreement supports STIPDA in a number of activities.

In 1999, under the cooperative agreement, STIPDA developed a State Technical Assessment Team (STAT) project that supports the assessment of state level injury prevention programs. STIPDA leads this process by assembling a team of technical experts who have experience in development and implementation of state and local injury prevention programs. These experts demonstrate leadership and expertise through involvement in national organizations committed to the improvement of injury prevention programs throughout the country. Experience in similar geographic, political, and demographic situations is desirable.

The State Technical Assessment Team assembled in Juneau, AK on July 21-25, 2003. For the first day and a half, nineteen presenters invited by the Injury Surveillance and Prevention Program (ISAPP) provided in-depth briefings on the injury prevention activities in Alaska. Topics for review and discussion included the following:

- Infrastructure
- Data: Collection, Analysis and Dissemination

- Interventions: Design, Implementation and Evaluation
- Technical Support and Training
- Public Policy

Coordination and collaboration are crosscutting issues and are addressed in each of these component areas. In addition, there is attention to eliminating health disparities in injury outcomes.

The forum of presentation and discussion allowed the team the opportunity to ask questions regarding the status of the ISAPP, clarify any issues identified in the briefing materials provided earlier, identify barriers and facilitators to change, and develop a clear understanding of how injury prevention functions throughout Alaska. The team spent time with each presenter so as to review the status for each topic.

Following the briefings by presenters from ISAPP, public and private sector partners, and stakeholders in the injury prevention community, the team assessed the status of the ISAPP with respect to the STAT standard, summarized its findings, and developed a set of recommendations.

ACKNOWLEDGMENTS

The team would like to acknowledge the Alaska Department of Health and Social Services for its invitation and its support in conducting this assessment.

The team would like to thank all of the presenters for being candid and open regarding the status of injury prevention in Alaska. Each presenter was responsive to the questions posed by the team, which aided the reviewers in their evaluation.

Special recognition and thanks should be made regarding the efforts taken by Martha Moore, the rest of the ISAPP staff, and the briefing participants for their well-prepared and forthright presentations. In addition, the team applauds the well organized, comprehensive briefing material sent to the team members. A special thanks to Betty and Mark Johnson for their warm hospitality.

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The Alaska Division of Public Health was one of the first state public health agencies to identify the importance of injury as a public health problem. More than 20 years ago, the Emergency Medical Services (EMS) Director recognized that the intrinsic hazards of the Alaska environment and the isolation of many residents combined with a culture that supported high-risk activities and attitudes to produce high injury rates. This led to the establishment of an injury prevention program, which was eventually mandated by Alaska Statute 18.08.010. Alaska developed some of the earliest successful state prevention programs in the nation, such as the marine safety education initiative begun in 1986. In the 1990's, unintentional injury death rates declined dramatically, although they are still much higher than US averages.

The current Alaska Injury Surveillance and Prevention Program (ISAPP) continues that legacy. The committed and experienced staff of 10 (nine filled, one vacant) is respected and valued by its partners. They provide data, training, and resources which support injury prevention work in communities throughout the state.

The ISAPP must continue to evolve in order to meet the state's on-going challenges. The program has never had stable funding and has been constrained by categorical grants. Notable exceptions to program specific funding are the use of Medicaid match funds to deliver programs to low income populations and the support of two prevention positions by the Maternal and Child Health Title V block grant. The ISAPP has focused primarily on unintentional childhood injury prevention.

Geography and limited local infrastructure make data collection in Alaska difficult. The development and support of the Alaska Trauma Registry by ISAPP is particularly impressive given those obstacles. This comprehensive and detailed dataset incorporates all of Alaska's acute care hospitals and gathers more information than is traditionally available from a hospital discharge data set. Its value is well-recognized. However, it is not adequately supported, leading to a lag in data availability—currently three years. Other key data sets are either less well used or not available.

Based on the information gleaned in this STAT visit, several themes have been identified to strengthen this pioneering program. They are encapsulated in several of the essential public health services identified by the American Public Health Association:

- Monitor health status to identify community health problems
- Inform, educate and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Assure a competent public health workforce
- Evaluate effectiveness, accessibility, and quality of population-based health services

Program leadership must identify how to make these essential services a reality in injury prevention. At this point in its development, ISAPP must organize and develop its injury prevention capacity along functional lines rather than specific injury categories.

Abbreviated recommendations to strengthen this program, organized functionally by core component follow.

Infrastructure recommendations

- Establish an Injury Prevention and Control Section within the Division of Public Health, inclusive of injury prevention, emergency medical services and injury epidemiology units.

- Seek sustainable funding sources proactively to support injury prevention program capacity, including state, regional, municipal and local infrastructure.

- Assess the skills and knowledge of ISAPP personnel and align positions to be congruent with core injury prevention functions. Establish two separate positions to manage the injury prevention unit and the injury epidemiology and surveillance unit. Develop an annual section workplan that clarifies individual roles and responsibilities, with staff involvement

- Establish a formal statewide external advisory group, including current and new partners.

- Develop, implement and evaluate a three to five year statewide injury prevention plan.

- Expand and diversify partnerships.

- Build the capacity of Anchorage and other municipalities to provide injury prevention leadership.

- Integrate Fatality Assessment and Control Evaluation (FACE) recommendations within ISAPP programs and dissemination strategies.

Data collection, analysis and dissemination recommendations

- Maintain the quality data collection procedures for the Alaska Trauma Registry and improve the timeliness of the final datasets.

- Acquire statewide emergency department injury data through the state hospital association, and provide capacity for the analysis of this data.

- Obtain access to the Medical Examiner data set on all fatal injuries as it is upgraded and computerized.

- Continue efforts to acquire emergency medical services data from ambulance units or fire departments, as applicable.

- Take advantage of the new design of the Behavioral Risk Factor Surveillance System to add questions on injury topics.

- Provide initial and periodic data summaries of fatal and non-fatal violent and unintentional injuries and risk factors to new injury prevention partners.

- Identify areas for collaboration with the Epidemiology Section to analyze injury data.

Intervention design, implementation and evaluation recommendations

- Shift the focus of ISAPP to capacity building including consulting, coordination, and training on the design, implementation, and evaluation of injury prevention programs.

- Articulate the role and function of ISAPP in violence prevention.

- Implement interventions that are data driven and address a wide range of populations and types of injuries. Embed social marketing strategies into these efforts to increase potential for social norm change.

- Access and promote the use of national resource centers to identify best practices.

- Identify opportunities to integrate injury prevention into other existing Department of Health and Social Services programs.

- Develop or enhance partnerships and communication with state agencies, as well as non-governmental organizations that have potential to be state leaders in injury prevention.

- Develop formal agreements with the Alaska Injury Prevention Center and the Alaska Native Tribal Health Consortium to implement and evaluate programs.

- Employ incentives to promote comprehensive strategies that include policy and environmental change.

- Develop and implement an evaluation plan for all programmatic areas, encompassing formative, process and impact, as well as outcome evaluation methods.

Technical support and training recommendations

- Conduct a formal assessment of staff skills and knowledge and develop individual training plans to assure proficiency in primary areas of responsibility.

- Use internal and external resources to develop an injury prevention training manual and provide a program orientation for new hires and staff reassigned to ISAPP.

- Provide appropriate educational opportunities for ISAPP staff and partners.

- Provide professional development opportunities for the injury program manager in public health leadership, organizational development, personnel management, and strategic planning.

- Catalog existing training resources in all regions of Alaska and identify gaps.

- Expand access to national injury prevention information and resources.

- Develop a comprehensive, systematic training plan for program staff and partners, the public, media, and policy makers.

- Utilize injury prevention partners as a resource for training and technical assistance in specific topic areas.

- Enhance the injury prevention program relationship with universities and colleges statewide.

Public policy recommendations

- Continue to provide data and best practice information to the DHSS leadership and legislators.

- Implement a process to regularly disseminate injury data, educate and encourage joint investment for injury and violence prevention.

- Disseminate information about promising injury prevention policies to stakeholders at the local level.

- Develop a policy chapter in the new injury prevention strategic plan that sets goals and measurable objectives.

- Empower constituencies to hold legislative Fact Finding Hearings on injury prevention issues.

- Submit a formal legislative concept to establish a special recurring account for local and state injury prevention.

- Provide training and education to constituency groups interested in pursuing policy change.

- Collaborate with the Department of Health and Social Services Division of Behavioral Health on the work of the Suicide Prevention Council.